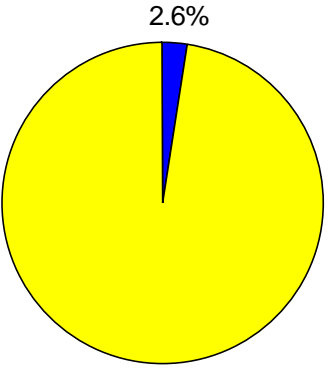


Fairfax-Falls Church Community Services Board

106-15-Alcohol and Drug Youth Residential Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board	
Personnel Services	\$2,121,873	<p style="text-align: center;">CAPS Percentage of Agency Total</p>  <p style="text-align: center;">2.6%</p> <p style="text-align: center;">97.4%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ■ Alcohol and Drug Youth Residential Services ■ All Other Agency CAPS </div>
Operating Expenses	\$675,691	
Recovered Costs	\$0	
Capital Equipment	\$0	
Total CAPS Cost:	\$2,797,564	
Federal Revenue	\$184,700	
State Revenue	\$0	
User Fee Revenue	\$542,067	
Other Revenue	\$0	
Total Revenue:	\$726,767	
Net CAPS Cost:	\$2,070,797	
Positions/SYE involved in the delivery of this CAPS	35/34.57	

► CAPS Summary

Alcohol and Drug Youth Residential Services provides intensive residential treatment services for youth with serious alcohol, and/or substance abuse problems. The youth needing these services are seriously impaired, and often present with serious educational and court problems as a result of their substance abuse issues. Many of the youth treated in Youth Residential Services also present with school and mental health problems. They frequently have been the victims of physical, sexual and/or emotional abuse. In order to be considered appropriate for residential services, these youth have progressed to the point of not being able to function appropriately at home, in school, or in the community. Most of the youth needing residential treatment services have become court-involved, are facing serious problems or multiple suspensions from school, and their behavior has become extremely problematic for their family. Typically, these youth have received outpatient or day treatment services but were not able to discontinue their alcohol and drug use with that level of intervention.

Fairfax-Falls Church Community Services Board

Residential treatment services are designed to provide a more intense level of service than outpatient or day treatment services, and include an intensive residential treatment experience accompanied by a school component provided by Fairfax County Public Schools. Residential services are available for adolescents, ages 13 to 18 and their families. ADS Youth Residential Services are directly provided at Crossroads, Sunrise I, and Sunrise II and/or purchased through contracts with the private sector.

- Crossroads is a 20-bed program, provides both intermediate (three to six months) and long-term (six to twelve months) level of services for boys.
- Sunrise I is an 11-bed program, which provides intermediate (four to six months) level of services for both boys and girls.
- Sunrise II is a 7-bed program which provides long-term services for girls who have serious substance abuse and mental health disorders. Their mental health disorders are typically more severe than the girls in Sunrise I.

Besides living in a residential treatment environment 24 hours a day, seven days per week, individuals also receive group and individual counseling sessions daily, individual family counseling biweekly and multifamily group counseling weekly. For families, parent support groups are provided and parenting skills development groups are offered. Al-Anon participation is strongly encouraged for parents and siblings. The family focus is very important because of the correlation between family and youth progress.

An adolescent developmental approach is utilized which includes peer assimilation and relationship building with peers and parents. The program includes a "Stages of Change" focus to address client and family motivation for change and Alcoholics Anonymous and Narcotics Anonymous twelve-step programs using adult and adolescent mentors to help build and solidify recovery. Ancillary therapeutic approaches include art therapy and yoga, as well as an emphasis on stress reduction activities. Gender groups occur weekly to address a variety of issues that are important at this stage of adolescence. Community service projects are held with groups such as senior citizens or at food shelters. Recreational activities include various team-building exercises designed to increase self-esteem and confidence. The Independent Living Apartment program provides an opportunity for independent living skills and vocational counseling for youth that have completed residential treatment and are not able to return home. The Tattoo Removal Program is also utilized by some youth.

Contract management oversight is provided by Youth Residential Services for all contract programs through onsite observation, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Fairfax-Falls Church Community Services Board

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

Residential programs have specific admission criteria to ensure that only youth needing an intensive level of service are admitted. The length of stay is variable for the different programs to allow for treatment based on one's individual needs. Treatment plans for each individual are constantly updated to ensure that the services are tailored to each individual's needs.

Over the years, Sunrise I has had a long waiting list which has been alleviated with the availability of additional SAPT Block Grant and County funds for the purchase of residential treatment beds from a private vendor. This program, which is directly operated, continues to run at full capacity, but the waiting list has been greatly reduced. Sunrise II was initiated five years ago to provide treatment capacity for adolescent girls who are dually diagnosed with substance abuse and mental illness. The Crossroads Youth program for adolescent boys recently implemented an intermediate length track to meet the needs of a higher number of youth in need of intensive residential substance abuse treatment. The number of youth needing or willing to stay in long-term treatment has declined. These programmatic changes have minimized waiting periods and ensure an acceptable rate of program utilization. Because of the high cost of residential treatment and the limited amount of residential services available it has been important to constantly review and revise programming to stay current with the needs of youth and their families, as well as with the needs of referring agents and programs.

A supervised apartment program was begun in 2001 to support youth who are ready to transition from residential treatment to the community. This program is for older adolescents who have completed residential treatment but are not able to return to their families

Funding Sources

Funding sources include Fairfax County; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Comprehensive Services Act for At-Risk Youth and Children fees, and fees from clients and insurance companies.

Fairfax-Falls Church Community Services Board

► Trends/Issues

Over the past five years, there has been a significant increase in youth that have both mental health and substance abuse disorders. This has required strengthening the mental health components of the Youth Residential programs. Psychiatric evaluation, medication, and consultation are now a regular part of ADS Youth Residential programming. Additionally, youth are using more hard drugs, such as heroin and ecstasy, as noted in the "Communities That Care" Survey. Youth that need residential treatment services are surfacing at earlier ages such as 13 years old. We are also seeing an increasing number of youth who have mental health disorders, multi-problem families, and a propensity toward violence.

The changing County demographics are having a significant impact on service provision. There has been a major increase in Hispanic and Asian families seeking treatment. Because many of these parents do not speak English, recruitment of bilingual staff has increased. It has been, and continues to be, difficult to recruit and retain bilingual staff who are willing to work in a residential setting.

Participant Characteristics

Youth in residential programs have used a variety of drugs and frequently have school and/or mental health problems requiring additional services. Most of the youth served are substance dependent and approximately 55 to 65 percent of the youth referred are court-involved. Often, other family members have alcohol and/or drug problems that require assessment and treatment. Approximately 70 percent of the youth served in Youth Residential Services are male and 30 percent are female.

Youth Residential Services provides treatment to the mandated priority populations determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act.

In previous exercises, the Alcohol and Drug Services Youth Residential Services line of business was included in Alcohol and Drug Services Residential Treatment Services. It is presented as a separate CAPS to reflect the specialized nature of these services.

► Method of Service Provision

Youth Residential Services is provided through a combination of directly operated and contract services. Directly operated services include Sunrise I, Sunrise II, and Crossroads Youth. Limited contractual services are utilized when alternative programming is required to meet the clinical needs of a youth or when directly operated program space is unavailable.

Youth residential services are provided 24 hours a day, seven days a week. Individual, group, and family counseling are provided.

Hours of Operation: All programs are open twenty-four hours a day, seven days a week, 365 days a year, and are staffed at all times.

Fairfax-Falls Church Community Services Board

► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	106	111	98	100	107
*Hours of Service	12,251	11,630	11,479	10,115	12,117

* Hours of service vary based upon the number of persons served.

Satisfaction Results

Treatment plans are regularly reviewed to ensure that treatment is tailored to meet the needs of the youth and their families. Consumers report general satisfaction with the services in these programs. In 2001, consumer satisfaction surveys were conducted in the Youth Division including Crossroads, Sunrise I and II. The results have been used to make modifications to the programs and improve treatment outcomes. For Crossroads, 92 percent were satisfied with services, 7 percent were indifferent, and 1 percent were dissatisfied with services. The overall comments about services were positive. For Sunrise I and II, parent and youth comments also were positive. Approximately 92 percent were satisfied, 6 percent were indifferent, and 2 percent were dissatisfied with services. An outcome study with the George Mason University School of Social Work is now being designed at Crossroads.

► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).

Fairfax-Falls Church Community Services Board

► User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	\$542,067
Current Fee		Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.		N/A
Purpose of Fee: Fees are charged to offset the cost of providing treatment services.		
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement <u>Code of Virginia</u> Chapter 10, 37.7-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	
Other Remarks:		